

SPECIAL INCIDENT REPORT FOR EARLY START VENDORS

TO BE E-MAILED OR FAXED TO PARTICIPANT'S GOLDEN GATE REGIONAL CENTER SERVICE COORDINATOR

(Call to inform service coordinator within 24 hours of the incident AND e-mail or fax SIR within 48 hours)

Participant's Name: UCI #:	Date Report Written/Submitted:
Participant's Address:	Date of Birth: Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Vendor or Agency Name: Vendor #:	GGRC Service Coordinator:
Conservator/Guardian name (if applicable):	CCL Facility Number:
Name and title of person reporting:	Contact info of person reporting:

TYPE OF INCIDENT

(Check all that apply) Double-click in the box, then select "checked" in "Default Value"

- | | |
|---|--|
| <input type="checkbox"/> <u>Injuries Requiring Treatment Beyond First Aid</u>
<input type="checkbox"/> Burns
<input type="checkbox"/> Bites that break the skin
<input type="checkbox"/> Internal bleeding
<input type="checkbox"/> Puncture wounds
<input type="checkbox"/> Medication reactions
<input type="checkbox"/> Any other injury requiring treatment beyond first aid | <input type="checkbox"/> <u>Suspected Abuse/Exploitation</u>
<input type="checkbox"/> Alleged physical abuse
<input type="checkbox"/> Alleged sexual abuse
<input type="checkbox"/> Alleged emotional/mental abuse
<input type="checkbox"/> Alleged physical/chemical restraint
<input type="checkbox"/> Alleged violation of rights
<input type="checkbox"/> Alleged abuse-other |
| <input type="checkbox"/> <u>Medical Need/Accident/Other:</u>
<input type="checkbox"/> Fractures
<input type="checkbox"/> Seizure
<input type="checkbox"/> Medication errors
<input type="checkbox"/> Disease outbreak
<input type="checkbox"/> Lacerations requiring sutures/ staples/glue
<input type="checkbox"/> Injury-accident
<input type="checkbox"/> Injury-unknown origin
<input type="checkbox"/> Injury from seizure
<input type="checkbox"/> Injury from another participant
<input type="checkbox"/> Injury from behavior episode
<input type="checkbox"/> Choking
<input type="checkbox"/> Law enforcement involvement
<input type="checkbox"/> Emergency room visit
<input type="checkbox"/> Community safety hazard
<input type="checkbox"/> Any condition requiring medical intervention
<input type="checkbox"/> Other | <input type="checkbox"/> <u>Suspected Neglect</u>
<input type="checkbox"/> Failure to provide food/ clothing/ shelter
<input type="checkbox"/> Failure to assist in personal hygiene
<input type="checkbox"/> Failure to prevent dehydration
<input type="checkbox"/> Failure to prevent health/safety hazards
<input type="checkbox"/> Failure to provide medical care
<input type="checkbox"/> Failure to prevent malnutrition
<input type="checkbox"/> Alleged neglect-other |
| <input type="checkbox"/> <u>Unplanned Hospitalizations</u>
<input type="checkbox"/> Nutritional deficiencies
<input type="checkbox"/> Cardiac
<input type="checkbox"/> Diabetes
<input type="checkbox"/> Internal infection
<input type="checkbox"/> Respiratory illness
<input type="checkbox"/> Seizures
<input type="checkbox"/> Wound/skin care
<input type="checkbox"/> Other | <input type="checkbox"/> <u>Victim of Crime</u>
<input type="checkbox"/> Aggravated assault
<input type="checkbox"/> Burglary
<input type="checkbox"/> Larceny
<input type="checkbox"/> Personal robbery
<input type="checkbox"/> Rape or attempted rape
<input type="checkbox"/> Other sexual incident |
| <input type="checkbox"/> <u>Unauthorized Absence</u>
<input type="checkbox"/> Missing person - law enforcement notified | <input type="checkbox"/> <u>Aggressive Acts</u>
<input type="checkbox"/> Aggressive act to another participant
<input type="checkbox"/> Aggressive act to family/visitor
<input type="checkbox"/> Aggressive act to self
<input type="checkbox"/> Aggressive act to staff
<input type="checkbox"/> Aggressive act involving a weapon
<input type="checkbox"/> Severe verbal threats
<input type="checkbox"/> Suicide attempt
<input type="checkbox"/> Suicide threat
<input type="checkbox"/> Property damage
<input type="checkbox"/> Fire setting |
| <input type="checkbox"/> <u>Death</u> | |

Date of incident: Definite Approximate

Time of incident: Definite Approximate

Date incident reported to GGRC:

Medical Care/Treatment Required? Yes No

Relationship of alleged perpetrator to participant:

- | | |
|---|---|
| <input type="checkbox"/> Self
<input type="checkbox"/> Another Participant
<input type="checkbox"/> Vendor or Employee of Vendor
<input type="checkbox"/> Non-Vendor or Employee of Non-Vendor | <input type="checkbox"/> Relative/Family Member
<input type="checkbox"/> Individual known to participant (Not a provider or another participant)
<input type="checkbox"/> Person unknown
<input type="checkbox"/> Not applicable |
|---|---|

PERSON/AGENCY RESPONSIBLE FOR PARTICIPANT AT TIME OF INCIDENT

- Vendor
- Residential Provider
- Parent/Family
- Day Program
- Other (specify):

Name:
Address:
City/Zip:
Telephone:
Vendor #:

OTHER AGENCIES NOTIFIED BY PERSON/AGENCY MAKING THIS REPORT (include name and contact info)

- Licensing (CCL)
- Child Protective Services
- Parent/Guardian/Conservator

- Police/Law Enforcement
- Coroner
- Other (specify):

Provide a detailed description of event or incident, including any antecedents, how participants were affected (including any injuries) and include any witnesses. If reporting a crime, abuse, or neglect, include a description of alleged perpetrator and contact info if possible:

Explain what immediate action was taken and by whom (including any persons/agencies contacted):

If medical treatment was necessary, explain nature of treatment, who administered and where, and what follow-up treatment is required:

Specific preventative action taken or planned (procedures/plans taken to prevent incident from happening again):

SPECIAL INCIDENT AND ABUSE/NEGLECT REPORTING CONTACTS

Early Start

Golden Gate Regional Center:

Marin County: Phone: (415) 446-3000
Fax: (415) 446-3001

San Francisco County: Phone: (415) 546-9222
Fax: (415) 546-9203

San Mateo County: Phone: (650) 574-9232
Fax: (650) 345-2361

After Hours Response: (415) 517-4503

Community Care Licensing:

Marin County: Phone: (707) 588-5026
Fax: (707) 588-5080

San Francisco & San Mateo County: Phone: (650) 266-8843
Fax: (650) 266-8841

Complaints/concerns about any licensed facility: 1-844-LET-US-NO
(1-844-538-8766)

Child Protective Services (CPS):

Marin County 24 Hour Hotline: (415)473-7153

San Francisco County 24 Hour Hotline: (800)856-5553

San Mateo County 24 Hour Hotline: (800)632-4615